From: <u>Voters Choice</u>

Subject: Language & Voting Accessibility Advisory Committees

Date: Tuesday, June 4, 2019 5:12:56 PM

Attachments: LAAC Agenda 6-5-19.pdf

SCC VAAC APP form.pdf SCC LAAC APP form.pdf

Hello Partners of the Santa Clara County Registrar of Voter's Office!

With the upcoming change in the way Santa Clara County voters will cast their ballots, the Registrar of Voters is seeking community input on ways the new Voter's Choice Act* model could better serve voters who primarily speak a language other than English, as well as those with disabilities and elderly voters.

Two advisory committees are being created: The Language Accessibility Advisory Committee (LAAC) and the Voting Accessibility Advisory Committee (VAAC). The Registrar of Voters is seeking volunteers to serve on either committee. Members of the VAAC will provide feedback on the new Vote Center locations that will replace traditional polling places beginning with the 2020 Presidential Primary Election. Input is sought on various aspects of the election process.

Interested parties with experience working or volunteering with language-diverse communities or accessibility advocacy groups are encouraged to apply to the LAAC. There will be a selection process after applications are received. Members will be requested to attend regular meetings.

The first meeting for each committee is planned for the week of June 3, going forward on a regular basis during the initial feedback phase. Specific dates and locations for both the LAAC and VAAC meetings are listed below. Input from participants will be taken into consideration in the scheduling of future meetings.

The meetings are open to the public, and interested parties are welcome to attend <u>even if they do</u> <u>not want</u> to serve on a committee at this time.

The LAAC and VAAC committees will remain in place through the 2020 election cycles as an ongoing means to hear from the community. Applications will be accepted and new members appointed on an ongoing basis. For your convenience, applications are included in this email. Translated versions and an online fillable application will be available soon!

Language Accessibility Advisory Committee—1st Meeting (agenda is attached): June 5, 2019
3:00pm to 5:00pm

Sobrato Center for Nonprofits

Cupertino B Room 1400 Parkmoor Avenue San Jose, CA 95126 Voter Accessibility Advisory Committee—1 Meeting: June 7, 2019
3:00pm to 5:00pm

Registrar of Voters Main Office

Berger Auditorium 1555 Berger Drive, Building 2 San Jose, CA 95112

These facilities are accessible facilities. Requests for documents in accessible formats, interpreting services, assistive listening devices, or other accommodations should be made by calling the Registrar of Voters, Administrative Services Division at (408) 918-9169 or by emailing your request to voterschoice@rov.sccgov.org, no later than five working days prior to the meeting.

* For more information on the Voter's Choice Act and the exciting new changes to our County's Elections, please visit http://www.sccvote.org/voterschoice.

The ROV is committed to providing our partners with notification of events of interest to you. Please let us know if you would like to be removed from particular activities or included in activities that may not directly pertain to our partnership with you.

Thanks,

Shannon Bushey, CERA
Registrar of Voters
County of Santa Clara
1555 Berger Drive, Bldg. 2
San Jose, CA 95112
(408) 282-3005
shannon.bushey@rov.sccgov.org

County of Santa Clara

Registrar of Voters

1555 Berger Drive, Bldg. 2 San Jose, CA 95112 Mailing Address: PO Box 611360, San Jose, CA 95161-1360 (408) 299-VOTE (8683) (866) 430-VOTE (8683) FAX: (408) 998-7314 www.sccvote.org



Language Accessibility Advisory Committee Meeting

1400 Parkmoor Ave., San Jose, CA 95126 Cupertino B Room June 5, 2019, 3:00pm

- I. Introductions
 - a. Registrar of Voters (ROV) Staff
 - b. Committee members
- II. Purpose of meeting
 - a. Member and Public Input
 - b. ROV
 - c. Mission development
- III. Establishment of guidelines and goals of meetings
 - i. Ground rules
 - ii. Member expectations: handout
- IV. Voter's Choice Act (VCA) general discussion
 - a. Overview
 - i. Changes from traditional polling place model
 - ii. Language requirements for VCA
 - iii. Election Administration Plan
 - b. Questions
- V. Public feedback, questions and/or concerns important to Committee
- VI. Recruitment of new members
- VII. Next Meeting: June 19, same time and location
 - a. Sobrato Center for Nonprofits
 - b. Agenda creation
 - c. Ideas for additional meetings and dates
- VIII. Announcements
- IX. Panel Q&A

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County of Santa Clara

Registrar of Voters

ISSS Berger Drive, Bldg. 2 San Jose, CA 95II2 Mailing Address: PO Box 6II360, San Jose, CA 95I6I-I360 (408) 299-VOTE (8683) (866) 430-VOTE (8683) FAX: (408) 998-73I4 www.sccvote.org



Voting Accessibility Advisory Committee (VAAC) Application

The <u>Voting Accessibility Advisory Committee</u> will meet on a regular basis to discuss methods of improving voting accessibility and participation for older adults and persons with disabilities. Policy recommendations may be formulated at meetings which will be considered for adoption. All members must commit to remaining on the committee for at least one (1) election cycle from the date of the first meeting.

perience in working on accessibility issues pertaining to disability rights, etc.:				
Additional information can be listed an a congreta about				
Additional information can be listed on a separate sheet				
rticipation in an election or outreach in engaging community members:				
Additional information can be listed on a separate sheet				



Please select all that apply:			
☐ Santa Clara County Resident			
Employed in Santa Clara County			
Affiliated with an organization servin	g Santa Clara County Resid	ents	
■ None of the above			
I formally apply for membership with the myself to being a member of the committee	_	_	
Applicant Information			
Last Name	First Name		Middle Name
Email Address		Phone Number (optional)	
Residence Address			
City		State	Zip Code
Mailing Address (if different than above)			
City		State	Zip Code
Organizational Information (if applicable)			
Name of organization you represent:			
Organization type:			
Website:			
Organizational capacity:			
Service provided:			
Estimated membership count:			
Meeting frequency and attendance:			
	•		
This application will not be accepted without	out the signature of the ap	plicant.	
Signature of Applicant		Date	

Please return this completed application to:
Santa Clara County Registrar of Voters' Office: Administrative Services Division
Phone: 408-918-9168 | Email: voterschoice@rov.sccgov.org

County of Santa Clara

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Language Accessibility Advisory Committee (LAAC) Application

The <u>Language Accessibility Advisory Committee</u> will meet on a regular basis to discuss methods of seeking community input on ways the new Voter's Choice Act model could better serve all voters, including those with limited English proficiency. Policy recommendations may be formulated at meetings which will be considered for adoption. All members must commit to remaining on the committee for at least one (1) election cycle from the date of the first meeting.

Please describe your relevant experien	ce in the space below:				
Experience in working on accessibility issues pertaining to language access other than English:					
Addit	ional information can be listed on a congrete chart				
Additional information can be listed on a separate sheet Participation in an election or outreach in engaging community members:					
Participation in an election of outreach	Till engaging community members.				
Additional information can be listed on a separate sheet					



Please select all that apply:				
Santa Clara County Resident				
Employed in Santa Clara County				
Affiliated with an organization servir	ng Santa Clara County	Residents		
■ None of the above				
I formally apply for membership with the		_		
myself to being a member of the committee	ee for at least one (1) e	lection cycle from the	e date of the first meeting I attend.	
Applicant Information				
Last Name	First Name		Middle Name	
Email Address	Phone Nu		mber (optional)	
Residence Address		·		
City		State	Zip Code	
Mailing Address (if different than above)		·		
City		State	Zip Code	
Organizational Information (if applicable)				
Name of organization you represent:				
Organization type:				
Website:				
Organizational capacity:				
Service provided:				
Estimated membership count:				
Meeting frequency and attendance:				
	•			
This application will not be accepted with	out the signature of th	ne applicant.		
	3			
Signature of Applicant			Date	
D				

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